



DEPARTMENT OF LICENSING  
MASTER LICENSE SERVICE  
PO BOX 9048  
OLYMPIA, WA 98507-9048

Owner Name

UBI

## CITY OF BELLEVUE PERSONAL/CRIMINAL HISTORY

**NOTE: New businesses** - this document must be submitted with a completed Master Application form and a Cabaret OR Adult Cabaret Establishment Addendum. **Renewing businesses** - submit this document with a completed Renewal Application for Adult Cabaret License and Master License Renewal Application. Applications are subject to approval by the Bellevue Departments of Planning & Community Development, Finance, Police and Fire.

**PLEASE TYPE OR PRINT IN DARK INK.**

- ☐ **Cabaret** - Complete one sheet for each owner, partner, corporate officer and manager—Sections A and B ONLY.
- ☐ **Adult Cabaret Establishment** - Complete one sheet for each owner, partner, corporate officer or others holding a significant interest in the management or operation of this business—Sections A, B, C and D.

### A PERSONAL INFORMATION

1. I am the: ☐ owner ☐ partner ☐ corporate officer ☐ manager
2. Full Name (Last, First, MI): \_\_\_\_\_
- Aliases or prior names: \_\_\_\_\_
- Social Security No: \_\_\_\_\_ - - Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License No: \_\_\_\_\_
- Business Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Residential Address: \_\_\_\_\_
- Business Telephone: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_ Title: \_\_\_\_\_
- Interest in Business: \_\_\_\_\_

### B CRIMINAL HISTORY

1. Please list any and all criminal convictions or forfeitures within five years immediately preceding the date of this application—other than parking or minor traffic infractions (use additional sheets if needed):

Date of conviction	Nature of Crime	Name & Location of Court	Disposition

*The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, call (360) 664-1400 or TTY (360) 664-8885.*

**C EMPLOYMENT HISTORY (FOR ADULT CABARET ESTABLISHMENT ONLY)**

1. Provide your business, occupation or employment history for the past three years (attach additional sheets if needed):

Name of Business	Dates	Nature of Business, Occupation or Employment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**D REQUIRED ATTACHMENTS (FOR ADULT CABARET ESTABLISHMENT ONLY)**

Submit the following with this application:

- ☐ Attach two 2" x 2" color photographs (passport quality) of this owner, partner, corporate officer or interested party. Photographs must have been taken within six months of the date of this application and show only the full face.
- ☐ Attach a complete set of fingerprints, taken by the Bellevue Police Department, for this owner, partner, corporate officer or interested party.

**AUTHORIZATION FOR THE CITY OF BELLEVUE:**

I hereby authorize the City of Bellevue, its agents and employees access to information pertaining to this company, its owners, partners or corporate officers as required to verify and confirm statements made in this application and its attachments.

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Signature

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Title

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Date